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DECLARATION AND POWER OF ATTORNEY - USA PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PARATHYROID HORMONE RECEPTOR LIGANDS; the specification of which was filed on **December 11, 2001** as Application Serial No. **10/014,162**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/139,335

Filing Date: June 15, 1999

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

Serial No.: **PCT US00/16776**

Filing Date: **June 15, 2000** Status: **Pending**

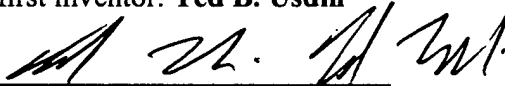
POWER OF ATTORNEY: I hereby appoint the registrants of National Institutes of Health Offices of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852, telephone (301) 496-7056, **Customer No. 005318**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these

statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: **Ted B. Usdin**

Inventor's signature



Date

3/16/02

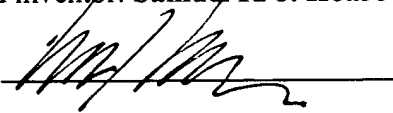
Residence: **Bethesda, Maryland 20814**

Citizenship: **USA**

Post Office Address: **5309 Camberley Avenue, Bethesda, Maryland 20814**

Full name of Second inventor: **Samuel R. J. Hoare**

Inventor's signature



Date

3/23/02

Residence: **San Diego, California 92103**

Citizenship: **British**

Post Office Address: **3852 3rd Avenue, #5, San Diego, California 92103**

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NIHDECL

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

San Diego

ss.

On

3-26-02

Date

before me, Dierdre A. McCall

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

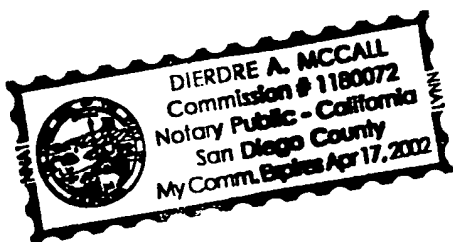
personally appeared

Samuel R. Hoare

Name(s) of Signer(s)

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Dierdre A. McCall

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Assignment

Document Date:

Undated

Number of Pages:

-2-

Signer(s) Other Than Named Above:

Ted B. Usclin

Capacity(ies) Claimed by Signer

Signer's Name:

Samuel R. Hoare

☒ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:

Self

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

COPY

NIH175.001C1

PATENT

ASSIGNMENT

WHEREAS, we, Ted B. Usdin, 5309 Camberley Avenue, Bethesda, Maryland 20814, USA citizen, and Samuel R. J. Hoare, 3852 3rd Avenue, #5, San Diego, California 92103; British citizen, employees of the Department of Health and Human Services, have invented PARATHYROID HORMONE RECEPTOR LIGANDS, for which we have made application for Letters Patent of the United States Serial Number 10/014,162 filed December 11, 2001, which claims the benefit of priority of International Application No. PCT/US00/16776 filed June 15, 2000, which claims the benefit of priority of U.S. Provisional Application No. 60/139,335 filed June 15, 1999;

WHEREAS, we are the applicants named in the above-identified application for Letters Patent;

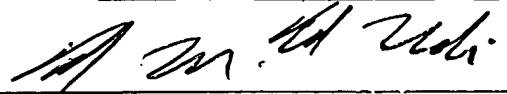
WHEREAS, the conditions under which said invention was made are such as to entitle the Government under Paragraph 1(a) of Executive Order 10096 to the entire right, title, and interest herein, both domestic and foreign; and

WHEREAS, the Government of the United States is desirous of acquiring all domestic and foreign right, title and interest in the above-mentioned invention described in the application for Letters Patent; and

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, we hereby assign and transfer to the United States of America, represented by the Secretary, Department of Health and Human Services, the full and exclusive rights in and to said invention in the U.S. and within each and every foreign country in which the Government elects to file and the entire right, title and interest in and to such applications, and any continuations, continuations-in-part, divisions, reissues or extensions thereof, and including priority rights as may be filed in the U.S. and foreign countries, and such Letters Patent as may be granted to be held by the Government to the end of the term for which the same would have been held by the inventors had this assignment not been made.

We further agree to make, execute and deliver to the Secretary, Department of Health and Human Services, upon request, any and all papers, documents, affidavits or other instruments that may be necessary in the prosecution of any application or applications for improvements or reissues of Letters Patent, and to assist the Government in every way as may be requested in protecting said invention, provided that any expense of extending such assistance shall be paid by the Government.


IN WITNESS WHEREOF, I hereunto set my hand and seal this 16 day of March, 2002



Ted B. Usdin

STATE OF MARYLAND
COUNTY OF MONTGOMERY ss.

On this 16th day of MARCH, 2002, before me, a Notary Public in and for the State and County aforesaid, personally appeared Ted B. Usdin, personally known to me or proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.



Notary Public in and for the aforesaid County and State
My Commission Expires:

AKAROPAS HIRANYASTHITI
Notary Public, State of Maryland
My Commission Expires Feb. 10, 2004

Client Code : NIH175.001C1
Serial No. : 10/014,162
Filing Date : December 11, 2001

IN WITNESS WHEREOF, I hereunto set my hand and seal this 26 day of MARCH, 2002



Samuel R. J. Hoare

STATE OF
COUNTY OF

}] ss.

On this _____ day of _____, 20__, before me, a Notary Public in and for the State and County aforesaid, personally appeared Samuel R. J. Hoare, personally known to me or proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.

Notary Public in and for the aforesaid County and State
My Commission Expires: _____

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